

UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF NEW YORK

DUNSKIN TRADING, LTD.,

Case No. 08 Civ. 5013 (GBD)

Plaintiff,

AFFIDAVIT OF SERVICE

-against-

LINFORD SHIPPINGS LTD.,

Defendant.

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

Anthony M. Pabon being duly sworn, deposes and says:

I am over the age of 18 years and I am not a party to the within action and reside in Bayonne, New Jersey, and am a licensed process server, License Number 841547.

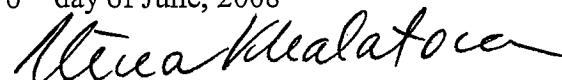
On June 5, 2008, I served by REGISTERED MAIL, RETURN RECEIPT REQUESTED, PLAINTIFF'S SUMMONS, VERIFIED COMPLAINT, CIVIL COVER SHEET, PROCESS OF MARITIME ATTACHMENT, EX-PARTE ORDER FOR PROCESS OF MARITIME ATTACHMENT, INDIVIDUAL PRACTICES OF JUDGE GEORGE B. DANIELS, INDIVIDUAL PRACTICES OF MAGISTRATE JUDGE GABRIEL W. GORENSTEIN AND INSTRUCTIONS FOR ELECTRONIC CASE FILING upon the following:

Linford Shippings Ltd.
P.O. Box 3321
Road Town
Tortola, British Virgin Islands
Registered Mail, Article # 232-873-212



Anthony M. Pabon

Sworn to before me this
6th day of June, 2008



Notary Public

Nina Khalatova
Notary Public, State of New York
No. 01KH0114595
Qualified in Kings County
Commission Expired August 28, 2008

Registered No. RE33873-212		Date Stamp												
<table border="1"> <tr> <td>Reg. Fee \$10.80</td> <td>Handling Charge \$0.00</td> <td>Return Receipt \$2.00</td> </tr> <tr> <td>Postage \$9.80</td> <td colspan="2">Restricted Delivery \$0.00</td> </tr> <tr> <td colspan="3">Received by</td> </tr> <tr> <td colspan="2">Customer Must Declare Full Value \$10.00</td> <td> <input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance </td> </tr> </table>		Reg. Fee \$10.80	Handling Charge \$0.00	Return Receipt \$2.00	Postage \$9.80	Restricted Delivery \$0.00		Received by			Customer Must Declare Full Value \$10.00		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance	0056 44 06/05/08
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Customer Must Declare Full Value \$10.00		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance												
OFFICIAL USE														
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed		SALANS ROCKEFELLER CENTER 620 FIFTH AVENUE NEW YORK, NY 10020-2457 USA												
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed		VIA INFOR D'SHIPPING LTD. P.O. BOX 3321 ROAD TOWN TORTOLA, BRITISH VIRGIN ISLANDS												

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2004 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com ©